

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.L.P.E. CLASSIFIER			
FORMALITY REVIEW	MC	90	2/15/01
RESPONSE FORMALITY REVIEW	EM	927	05/30/01

INDEX OF CLAIMS

Rejected	N	Non-elected
Allowed	I	Interference
— (Through numeral)	A	Appeal
Restricted	O	Objected

Claim	Final	Original	Date	Claim	Final	Original	Date	Claim	Final	Original	Date
1	✓	✓	1/27/01	51				101			
2	✓	✓	1/27/01	52				102			
3	✓	✓	1/27/01	53				103			
4	✓	✓	1/27/01	54				104			
5	✓	✓	1/27/01	55				105			
6	✓	✓	1/27/01	56				106			
7	✓	✓	1/27/01	57				107			
8	✓	✓	1/27/01	58				108			
9	✓	✓	1/27/01	59				109			
10	✓	✓	1/27/01	60				110			
11	✓	✓	1/27/01	61				111			
12	✓	✓	1/27/01	62				112			
13	✓	✓	1/27/01	63				113			
14	✓	✓	1/27/01	64				114			
15	✓	✓	1/27/01	65				115			
16	✓	✓	1/27/01	66				116			
17	✓	✓	1/27/01	67				117			
18	✓	✓	1/27/01	68				118			
19	✓	✓	1/27/01	69				119			
20	✓	✓	1/27/01	70				120			
21	✓	✓	1/27/01	71				121			
22	✓	✓	1/27/01	72				122			
23	✓	✓	1/27/01	73				123			
24				74				124			
25				75				125			
26				76				126			
27				77				127			
28				78				128			
29				79				129			
30				80				130			
31				81				131			
32				82				132			
33				83				133			
34				84				134			
35				85				135			
36				86				136			
37				87				137			
38				88				138			
39				89				139			
40				90				140			
41				91				141			
42				92				142			
43				93				143			
44				94				144			
45				95				145			
46				96				146			
47				97				147			
48				98				148			
49				99				149			
50				100				150			

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)

Best Available Copy